

# **Step Up and Be Counted**

## **National School Nurse Standardized Data Collection Initiative**

### **Survey Instruction Guide for Campus Level Data Submissions**

This document is intended for the use of those submitting data at the campus level. (There is a separate document available for those submitting data at the district level.) For additional information and frequently asked questions about Step Up and Be Counted, please visit <https://schoolnursenet.nasn.org/stepupbecounted/home>. You may also contact the Texas State Data Champion, Anita Wheeler, MSN, RN at [anita.wheeler@dshs.state.tx.us](mailto:anita.wheeler@dshs.state.tx.us).

The following is a list of the survey questions from the Texas version of the Step Up and Be Counted: National School Nurse Standardized Data Collection Initiative. Each question is followed by a detail explanation to assist people in submitting accurate and consistent data.

#### **Page 2: District Information**

1. What was the full name of the school district in which you work?  
*Please avoid using abbreviations. For instance, write Austin Independent School District instead of AISD.*  
*For private schools, please provide the name of your sponsoring organization. For example write: "City Montessori School"*  
*This information is for the state level collector and will NOT be passed on to the national level.*
2. What type of district or school are you reporting data for?  
*Please select the classification that best describes your school (public, charter, private/parochial, other). If you are reporting on behalf of a charter school within a public school district, select "charter."*
3. In what Education Service Center Region is your district located?  
*Please select your location on the map. If you are reporting for an organization that has campuses in more than region, select "Does not apply." Select "I don't know" if necessary.*  
*This information is for the state level collector and will NOT be passed on to the national level.*
4. At what level are you reporting data?
  - a. District *(If you are reporting data on behalf of the district, select this option. Your data should be a sum of data from all or most of the schools in your district)*
  - b. Campus *(If you are reporting data on behalf of one or more individual schools, select this option. This includes if you are reporting data for a single school or work for multiple campuses [such as two elementary schools, a middle school and high school, etc.] and are reporting data for all of them but not the district total)**This information is for the state level collector and will NOT be passed on to the national level.*

#### **Page 3: Population information**

5. What is the full name of your school?

*If reporting for more than one school please list all school names separated by a semicolon ";".*

6. How many schools are you reporting data for?  
*If you are reporting data on behalf of more than one school, please provide the appropriate number. Otherwise select "1."*
7. What was the total number of enrolled students in your school(s) during the 2016-2017 school year?  
*Please use the school's official October 2016 count if available.*
8. I am a:  
*Please provide your title or license you hold for your position (RN, LPN/LVN, Health Aide). UAPs are considered a Health Aide.*  
*If you are not licensed or considered a health aide. Please select "other" and provide your working title.*  
*RN= Registered Nurse*  
*LPN= Licensed Practical Nurse*  
*LVN= Licensed Vocational Nurse*  
*UAP= Unlicensed assistive personnel*
9. If there are any issues or conditions you need to explain regarding the information you provided on this page, please provide details here.  
*Use this space to explain any unusual circumstances or provide additional information you feel may be relevant to help the person analyzing this information better understand your data.*

#### **Page 4: School Health Staffing**

*The purpose of this section is to identify the number of school health staff providing DIRECT SERVICES in the school as well as determine an RN caseload.*

#### **DO NOT double count any nurse when reporting FTEs.**

10. What was the total number of RN FTEs at your school with an assigned caseload providing direct services?  
*RN=Registered Nurse.*

##### *FTE Calculation:*

*The FTE is based on a teacher FTE in the district, e.g. a teacher may work 7 hours a day (or 35 hours a week). This would be considered 1 FTE. If an RN works the same hours, the RN is considered 1 FTE. If an RN works 5 hours a day (or 25 hours a week), the FTE would be calculated as 5/7 or .71 FTE. Each state/district may vary in the number of hours a full time teacher works, so it is important to follow your district definition. If school nurses work more hours per day than a teacher, the FTE still equals 1. The number should reflect every RN providing direct services. For example, if the school has 3 RNs and each works .75 FTE, it would be reported as 2.25.*

*If an FTE is shared between multiple schools and you are only reporting data on behalf of one of those schools, please provide an estimated time that is spent at your school. For example. If a supplemental/float RN FTE covers three schools, the time spent at each school can be estimated as .33 FTE.*

*Please note: If the number of FTEs for a position has not been collected, please select "did not collect." Please select "N/A (Position does not exist)" if there are no FTEs acting in that role in your school.*

*Direct services means being responsible for the care of a defined group of students in addressing their acute and chronic health conditions. It includes health screenings, health promotion and case management. Direct services also include care provided in a health care team including LPNs or aides.*

*Inclusion/Exclusion for direct services FTE count:*

- Include long term substitute (but not the substitute RN list for short term needs)*
- Exclude nurses working with medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5)- this position is counted separately*
- Exclude percent of administrative assignment- this position is counted separately*

11. What was the total number of LPN/LVN FTEs at your school with an assigned caseload providing direct services?

*LPN= Licensed Practical Nurse*

*LVN= Licensed Vocational Nurse*

*Please see #10 regarding FTE calculations and direct services definition.*

12. What was the total number of health aide (non-RN, non-LPN/LVN) FTEs in your school with an assigned caseload providing direct health services (e.g., give medication, staff health office, perform specific health procedures)?

*Please see #10 regarding FTE calculations.*

*This number should reflect only those whose main assignment is health related. Exclude secretaries, teachers or principals who only address health issues at times. You may include FTE of secretary or other aides if it is included as a specific part of their responsibility (i.e. cover health office regularly).*

13. What was the total number of supplemental/float RN FTEs in your school?

*RN= Registered Nurse*

*Please see #10 regarding FTE calculations.*

*Include permanently hired/contracted RNs who provide supplemental/additional direct nursing services or specific procedures, e.g. child find/ Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Do not include RNs with 1:1, 1:2, 1:3, 1:4, 1:5 assignments (which is counted separately). This count is in addition to the RNs identified in #10 and #16.*

14. What was the total number of supplemental/float LPN/LVN FTEs in your school?

*LPN= Licensed Practical Nurse*

*LVN= Licensed Vocational Nurse*

*Please see #10 regarding FTE calculations.*

*Include permanently hired/contracted LPNs/LVNs who provide supplemental/additional direct nursing services or specific procedures. Do not include LPNs/LVNs with 1:1, 1:2, 1:3, 1:4, 1:5 assignments (which is counted separately). This count is in addition to the LPN/LVN identified in #11 and #17.*

15. What was the total number of supplemental/float health aide (non-RN, Non-LPN/LVN) FTEs in your school?

*Please see #10 regarding FTE calculations.*

*Include permanently hired/contracted health aides (non-RN, non-LPN/LVNs) FTEs who provide supplemental/additional direct nursing services or specific procedures. Do not include those with 1:1, 1:2, 1:3, 1:4, 1:5 assignments (which is counted separately). This count is in addition to #12 and #18.*

16. What was the total number of RN FTEs with special assignment in your school?

*RN= Registered Nurse*

*Please see #10 regarding FTE calculations.*

*Include RNs working with a limited caseload providing direct services such as medically fragile students with 1:1, 1:2, 1:3, 1:4, 1:5 assignments.*

17. What was the total number of LPN/LVN FTEs with special assignment in your school?

*LPN= Licensed Practical Nurse*

*LVN= Licensed Vocational Nurse*

*Please see #10 regarding FTE calculations.*

*Include LPN/LVNs working with a limited caseload providing direct services such as medically fragile students with 1:1, 1:2, 1:3, 1:4, 1:5 assignments.*

18. What was the total number of health aide (non-RN, Non-LPN/LVN) FTEs with special assignment in your school?

*Please see #10 regarding FTE calculations.*

*Include health aides (non-RN, non-LPN/LVNs) working with a limited caseload providing direct services such as medically fragile students with 1:1, 1:2, 1:3, 1:4, 1:5 assignments.*

19. What was the total number of RN FTEs providing administrative or supervisory school health services in your school?

*RN= Registered Nurse*

*Please see #10 regarding FTE calculations.*

*Include RNs providing management/clinical supervision to RNs, LPNs/LVNs, or other health extenders, or conducting other administrative health services, e.g. case management.*

20. What was the total number of LPN/LVN FTEs providing administrative or supervisory school health services in your school?

*LPN= Licensed Practical Nurse*

*LVN= Licensed Vocational Nurse*

*Please see #10 regarding FTE calculations.*

*Include LPNs/LVNs providing management/clinical supervision to LPNs/LVNs, or other health extenders, or conducting other administrative health services.*

21. What was the total number of assistant FTEs providing administrative support services (e.g. clerical assistance) to RNs or LPNs/LVNs in your school?

*Please see #10 regarding FTE calculations.*

*Include assistants providing administrative support services to RNs or LPNs/LVNs, e.g. clerical assistance.*

22. What was the total number of RNs in your school?

*RN= Registered Nurse*

*This should be the total number of individual RNs working in your school(s), regardless of FTE. Include all RNs working in any capacity.*

- 23.If there are any issues or conditions you need to explain regarding the information you provided on this page, please provide details here.  
*Use this space to explain any unusual circumstances or provide additional information you feel may be relevant to help the person analyzing this information better understand your data.*

## **Page 5: Chronic Conditions**

*In this section, chronic conditions include asthma, Type 1 and Type 2 diabetes, seizure disorders, and life-threatening allergies.*

*Please note: Only provide counts (no ranges or percentages). If the data point being requested has not been collected, please select "did not collect." Please enter "0" in the text box only if you know the value is truly zero.*

*Please provide data totals from the 2016-2017 school year.*

- 24.What was the total number of students with an asthma diagnosis at your school?  
*Include only those with a diagnosis of **asthma** from a health care provider.*
- 25.What was the total number of students with a Type 1 diabetes diagnosis at your school?  
*Include only those with a diagnosis of **Type 1 Diabetes** from a health care provider.  
Please do not combine counts with Type 2 diabetes. If diabetes counts are not able to be separated into Type 1 and 2, please select "Did not collect."*
- 26.What was the total number of students with a Type 2 diabetes diagnosis at your school?  
*Include only those with a diagnosis of **Type 2 Diabetes** from a health care provider.  
Please do not combine counts with Type 1 diabetes. If diabetes counts are not able to be separated into Type 1 and 2, please select "Did not collect."*
- 27.What was the total number of students with a seizure disorder diagnosis at your school?  
*Include only those with a diagnosis of **seizure disorder** from a health care provider.*
- 28.What was the total number of students with a life-threatening allergy (anaphylactic reaction) diagnosis at your school?  
*Include only those with a diagnosis of a **life-threatening allergy** from a health care provider.*
- 29.If there are any issues or conditions you need to explain regarding the information you provided on this page, please provide details here.  
*Use this space to explain any unusual circumstances or provide additional information you feel may be relevant to help the person analyzing this information better understand your data.*

## **Page 6: Health Office Visit Disposition**

*In this section, "health office disposition" describes the student encounters/health office visits to RNs, LPN/LVNs, and health aides along with outcomes.*

*Please provide data totals from the 2016-2017 school year.*

*All students seen should have a disposition. These should reflect the totals for the school(s) for which you are reporting data.*

*Please note: Only provide counts (no ranges or percentages). If the data point being requested has not been collected, please select "did not collect." Select "N/A" if you feel the question does not apply to your school. Please enter "0" in the text box only if you know the value is truly zero.*

30. What was the total number of student encounters/health office visits to an RN in your school resulting in the student returning to class or staying in school?

*RN= Registered Nurse*

*Include only students who are seen (face to face) by RN, not other health office staff.*

31. What was the total number of student encounters/health office visits to an **RN** in your school resulting in 911 being called (or regionally appropriate equivalent to 911)?

*RN= Registered Nurse*

*Include only students who are seen (face to face) by RN, not other health office staff.*

32. What was the total number of student encounters/health office visits to an **RN** in your school resulting in the student being sent home?

*RN= Registered Nurse*

*Include only students who are seen (face to face) by RN, not other health office staff.*

*Include students sent home with the recommendation/directive to see a health care provider.*

33. What was the total number of student encounters/health office visits an LPN/LVNs in your school resulting in the student returning to class or staying in school?

*LPN= Licensed Practical Nurse*

*Include only students who are seen (face to face) by LPN/LVN, not RN or other health office staff*

34. What was the total number of student encounters/health office visits to an **LPN/LVN** in your school resulting in 911 being called or regionally appropriate equivalent?

*LPN= Licensed Practical Nurse*

*Include only students who are seen (face to face) by LPN/LVN, not RN or other health office staff*

35. What was the total number of student encounters/health office visits to an **LPN/LVN** in your school resulting in the student being sent home?

*LPN= Licensed Practical Nurse*

*Include only students who are seen (face to face) by LPN/LVN, not RN or other health office staff. Include students sent home with the recommendation/directive to see a health care provider.*

36. What was the total number of student encounters/health office visits to **health aides/UAP (non-RN, Non-LPN/LVN)** in your school resulting in the student returning to class or staying in school?

*UAP= Unlicensed assistive personnel*

*Include only students who are seen (face to face) by other health/UAP staff (non-RN, non-LPN/LVN). You may include secretary or others if it is included as a specific part of their responsibility.*

37. What was the total number of student encounters/health office visits to **health aides/UAP (non-RN, non-LPN/LVN)** in your school resulting in 911 being called or regionally appropriate equivalent?  
*UAP= Unlicensed assistive personnel*  
*Include only students who are seen (face to face) by other health/UAP staff (non-RN, non-LPN/LVN). You may include secretary or others if it is included as a specific part of their responsibility.*
38. What was the total number of student encounters/health office visits to **health aides/UAP (non-RN, non-LPN/LVN)** in your school resulting in the student being sent home?  
*Include only students who are seen (face to face) by other health/UAP staff (non-RN, non-LPN/LVN). You may include secretary or others if it is included as a specific part of their responsibility. Include students sent home with the recommendation/directive to see a health care provider.*
39. If there are any issues or conditions you need to explain regarding the information you provided on this page, please provide details here.  
*Use this space to explain any unusual circumstances or provide additional information you feel may be relevant to help the person analyzing this information better understand your data.*
40. If there is someone we may contact if we have a question about the data you submitted, please provide their contact information below.  
*Please provide the contact information for someone who is familiar with the data being submitted. If staff turnover is possible, please provide either general health office contact information or the contact information for someone who will likely be available in the fall of 2017.*